

# HOUSE BILL 1026

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CF SB 665

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By: **Delegates Bromwell and Kach**

Introduced and read first time: February 15, 2010

Assigned to: Health and Government Operations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Dental Provider Contracts – Prohibited Provision**

3 FOR the purpose of prohibiting a carrier from including in a dental provider contract a  
4 provision that requires a dental provider to provide certain services; defining a  
5 certain term; providing for the application of this Act; and generally relating to  
6 dental provider contracts.

7 BY repealing and reenacting, without amendments,  
8 Article – Insurance  
9 Section 15–112.2(a)  
10 Annotated Code of Maryland  
11 (2006 Replacement Volume and 2009 Supplement)

12 BY adding to  
13 Article – Insurance  
14 Section 15–112.2(f)  
15 Annotated Code of Maryland  
16 (2006 Replacement Volume and 2009 Supplement)

17 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
18 MARYLAND, That the Laws of Maryland read as follows:

19 **Article – Insurance**

20 15–112.2.

21 (a) (1) In this section the following words have the meanings indicated.

22 (2) “Capitated dental provider panel” means a provider panel for one  
23 or more dental plan organizations offering contracts only for dental services  
24 reimbursed on a capitated basis for certain services.

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (3) “Carrier” means:

2 (i) an insurer;

3 (ii) a nonprofit health service plan;

4 (iii) a health maintenance organization; or

5 (iv) a dental plan organization.

6 (4) “Fee-for-service dental provider panel” means a provider panel for  
7 one or more dental plan organizations, insurers, or nonprofit health service plans  
8 offering contracts only for dental services reimbursed on a full or discounted  
9 fee-for-service basis.

10 (5) “Enrollee” means a person entitled to health care benefits from a  
11 carrier.

12 (6) “HMO provider panel” means a provider panel for one or more  
13 health maintenance organizations.

14 (7) “Managed care organization” has the meaning stated in § 15-101  
15 of the Health – General Article.

16 (8) “Non-HMO provider panel” means a provider panel for one or  
17 more nonprofit health service plans or insurers.

18 (9) “Provider” has the meaning stated in § 19-701 of the  
19 Health – General Article.

20 (10) “Provider contract” means a contract:

21 (i) between a provider and a carrier, an affiliate of a carrier, or  
22 an entity that contracts with a provider to serve a carrier; and

23 (ii) under which the provider agrees to provide health care  
24 services to enrollees.

25 (11) “Provider panel” means the providers that contract either directly  
26 or through a subcontracting entity with a carrier to provide health care services to  
27 enrollees.

28 **(F) (1) IN THIS SUBSECTION, “COVERED SERVICE” MEANS A HEALTH**  
29 **CARE SERVICE THAT IS REIMBURSABLE UNDER A POLICY OR CONTRACT FOR**  
30 **DENTAL SERVICES BETWEEN AN ENROLLEE AND A CARRIER, SUBJECT TO ANY**

1 CONTRACTUAL LIMITATIONS ON BENEFITS, INCLUDING DEDUCTIBLES,  
2 COPAYMENTS, OR FREQUENCY LIMITATIONS.

3 (2) A CARRIER MAY NOT INCLUDE IN A DENTAL PROVIDER  
4 CONTRACT A PROVISION THAT REQUIRES A DENTAL PROVIDER TO PROVIDE  
5 SERVICES THAT ARE NOT COVERED SERVICES AT A FEE SET BY THE CARRIER.

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all  
7 dental provider contracts issued, renewed, or amended in the State on or after October  
8 1, 2010.

9 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
10 October 1, 2010.